

APPENDIX E

REQUIRED FORMS

FOR

REQUEST FOR PROPOSALS

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REQUIRED FORMS - EXHIBIT 1
PROPOSER ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Page 1 of 8

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a contract with the County of Los Angeles.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____ Name	_____ State	_____ Year Inc.
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2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBAs, please list all DBAs and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____
If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 3.0 – Proposer’s Minimum Mandatory Qualifications, of this Request for Proposal by marking a check in the box below: The Minimum Mandatory Requirements are:

- 3.1 Proposer **MUST ATTEND** a Mandatory Proposers Conference as set forth in Section 7.0, PROPOSAL SUBMISSION REQUIREMENTS, Subsection 7.4, Proposers Conference of this RFP.
- 3.2 Proposer **MUST SUBMIT** the Mandatory Letter of Intent following instructions indicated in Section 7.0, PROPOSAL SUBMISSION REQUIREMENTS, Subsection 7.6, Mandatory Letter of Intent, of this RFP.
- 3.3 Proposer **MUST CURRENTLY OPERATE** a mental health residential program(s) or intensive outpatient program(s) for adults 18 years and older.
- 3.4 Proposer **MUST SUBMIT** three (3) signed letters of reference, including references from contracts or business arrangements that substantiate Proposer’s capacity to provide such services as described in Section 7.0, PROPOSAL SUBMISSION REQUIREMENTS, Section 7.8.1.7, Section B.2, **Experience**, of this RFP. Letters of reference cannot be provided from DMH staff or other Los Angeles County Departments.
- 3.5 Proposer **MUST COMPLY** with the RFP format and requirements set forth in Section 7.0, PROPOSAL SUBMISSION REQUIREMENTS, when submitting its proposal. The proposal, including all supporting documents, submitted to DMH will be collectively referred to as "Proposal Package"
- 3.6 Proposer **MUST SUBMIT** the “Proposer Acknowledgement Of The Investment In Mental Health Wellness Grant Regulations” found in Appendix E – Required Forms – Exhibit 13 acknowledging that, Proposer has read and understands the current CHFFA Regulations and will accept any and all future amendments to CHFFA Regulations, Investment in Mental Health Wellness Grant Program Sections 7113-7129. Proposer also understands that the CHFFA Regulations will apply to Proposer as set forth in any future agreements executed pursuant to this RFP.
- 3.7 Proposer **MUST IDENTIFY a leasing structure as set forth below and SUBMIT documents consistent with the identified lease structure:**

PROPOSER-OWNED SITE

(1) If Proposer owns the proposed real property (Site) in fee, Proposer shall submit a certified statement on the Proposer’s letterhead that identifies the proposed Site by its commonly known address and attests that, if selected under this RFP and prior to contract award:

(a) Proposer will lease the Site to the County for a term of not less than ten (10) years, with two optional five (5) year renewal periods, pursuant to a lease similar in form to Appendix B and which meets the requirements set forth in the CHFFA Regulations and is subject to County's final approval;

(b) Upon leasing the Site to the County, Proposer will lease the Site back from the County for a term of not less than ten (10) years, with two optional five (5) year renewal periods and pursuant to a lease in form approved by County.

SITE TO BE ACQUIRED BY A DESIGNATED NONPROFIT

(2) If a non-profit Proposer does not currently own a site and expects to acquire real property with CHFFA Funding, the non-profit Proposer shall submit a certified statement on its letterhead that identifies the proposed Site by its commonly known address and attests prior to contract award that, if selected under this RFP:

(a) Consistent with Section 7125.1 of the CCR, Title 4, Division 10, Chapter 5, Proposer will execute an agreement with CHFFA similar in form to Appendix C.

(b) Proposer will lease the Site to the County for a term of not less than ten (10) years, with two optional five (5) year renewal periods, pursuant to a lease similar in form to Appendix B and which meets the requirements set forth in CCR, Title 4, Division 10, Chapter 5 and is subject to County's final approval;

(c) Upon leasing the Site to the County, Proposer will lease the Site back from the County for a term of not less than ten (10) years, with two optional five (5) year renewal periods and pursuant to a lease in form approved by County.

PROPOSER-LEASED SITE

(3) If Proposer currently leases (subleases not acceptable) the Site, Proposer shall submit a certified statement on the Proposer's letterhead that identifies the proposed Site by its commonly known address and attests that, if selected under this RFP and prior to contract award:

(a) Proposer will, at the County's request, renegotiate Proposer's existing lease with the fee owner of the Site to comport with the County's standard lease requirements, by entering into a lease agreement similar in form to Appendix B and which meets the requirements set forth in the CHFFA Regulations and is subject to County's final approval;

(b) After renegotiating said lease, Proposer will sublease the Site to the County for a term of not less than ten (10) years, with two optional five (5) year renewal periods pursuant to a sublease agreement in form approved by County;

(c) Upon subleasing the Site to the County, Proposer will sublease the Site back from the County for the same term and pursuant to a sublease agreement in form approved by County; and

(d) Proposer shall submit a writing identifying the Site by its commonly known address and representing that the fee owner is willing to renegotiate Proposer's lease and is willing to consent to the sublease structure described above.

NO CURRENT LEASE – PROPOSER TO LEASE

(4) If Proposer does not currently own or lease the Site, Proposer shall provide a writing identifying the proposed Site by its commonly known address and representing that:

(a) Proposer has been selected to lease the Site for a term of not less than ten (10) years, with two optional five (5) year renewal periods;

(b) the fee owner is willing to enter into a lease agreement similar in form to Appendix B and which meets the requirement set forth in the CHFFA Regulations, and is subject to County's final approval;

(c) the fee owner is willing to consent to Proposer's sublease of the Site to the County and County's sublease back to Proposer; and

(d) Proposer shall submit a certified statement on the Proposer's letter head that attests that, upon potential contract award:

(i) Proposer is willing to sublease the Site to the County for a term of not less than ten (10) years, with two optional five (5) year renewal periods pursuant to a sublease agreement in form approved by County; and

(ii) upon subleasing the Site to the County, Proposer is willing to sublease the Site back from the County for the same term and pursuant to a sublease-back agreement in form approved by County.

NO CURRENT LEASE – COUNTY TO LEASE

(5) If Proposer does not currently own or lease the Site, Proposer shall submit:

(a) A writing identifying the proposed Site and representing that the fee owner is interested in leasing the Site to County under a lease similar in form to Appendix B and which meets the requirements in the CHFFA Regulations and which allows County to sublease Site to Proposer; and

(b) a certified statement on the Proposer's letterhead that attests that, upon potential contract award Proposer is willing to sublease the Site from County for a term of not less than ten (10) years, with two optional five (5) year renewal periods pursuant to a sublease agreement in form approved by County.

COMPLIANCE WITH APPLICABLE REGULATIONS

(1) Under any of the above leasing structures, Proposer must comply with sections 7125 and 7125.1, CCR, Title 4, Division 10, Chapter 5, which may be accessed in the link below.

<http://www.treasurer.ca.gov/chffa/imhwa/regulations/20141013/regulations.pdf>

(2) Under any of the above leasing structures, Proposer must also comply with section 7126, CCR, Title 4, Division 10, Chapter 5, which may be accessed in the link below.

<http://www.treasurer.ca.gov/chffa/imhwa/regulations/20141013/regulations.pdf>

(a) The lease/sublease agreement shall provide County full access to the Site to carry out the proposed CRTP, if necessary.

(b) The term of the lease/sublease agreement shall be at least as long as the useful life of the proposed project, which County has interpreted as ten (10) years with two five-year option periods.

(c) The lease agreement shall provide that any existing or subsequent encumbrance on the Site (e.g., a deed of trust) or sale of the Site shall be subject to the lease/sublease agreement.

(d) The lease agreement shall provide that the only remedy for any default by Proposer or County, as applicable, including failure to pay rent, is suit for rent or specific performance to remedy specific breach. The landlord's remedies for any default by Proposer/County may not include cancellation of lease agreement, retaking of property or eviction of County/Proposer.

(e) Proposer shall deliver a current title report of the Site, brought up to date as of the effective date of the lease agreement. The title report shall show all of the following:

(i) No delinquent taxes or assessments or, if there are delinquent taxes or assessments, these are being contested in good faith.

(ii) No easements, exceptions or restrictions on the use of the Site that would interfere with or impair the operation of the proposed CRTP.

(iii) A restrictive covenant recorded in the chain of title that the Site shall be used only for the CRTP during the term of the lease agreement.

(iv) Fee title is subject to the lease agreement and recorded in the chain of title.

(3) If the lease agreement terminates prior to the end of the useful life of the proposed project and the Site is not continuously operated pursuant to the requirements of this RFP and for the term required under this RFP, County shall be entitled to recover the grant funds from Proposer.

(4) Grant funds shall not be utilized for improvements to common areas of any building or complex containing the Site.

3.8 Proposer **MUST SUBMIT** copies of the organization's most current and prior two (2) fiscal years (for example 2013 and 2014) financial statements. Statements should include the organization's assets, liabilities and net worth and at a minimum should include the Balance Sheet, Statement of Income, and the Statement of Cash Flows. It should be noted that depending on the nature of the entity, i.e., for-profit, non-profit, governmental, the title of these statements may differ. For example, for a non-profit entity the Balance Sheet is referred to as the Statement of Financial Position. If audited statements are available, these **SHOULD BE** submitted to meet this requirement. **DO NOT** submit Income Tax Returns to meet this requirement. Financial Statements will be kept confidential if so stamped on each page. The latest audited financial statement **MAY NOT** be older than 18 months at the time of submission of the RFP.

3.9 Proposer **MUST HAVE** a minimum of 18 months of demonstrated experience, within the last three (3) years, providing mental health services to individuals with co-occurring mental health and substance use disorders.

Note: If **YOU ARE** a current DMH Legal Entity (LE) provider, please provide a copy(ies) of page 2 of the DMH LE Agreement, Term, or an Amendment to the DMH LE Agreement to verify the years of experience and a copy of Subprogram Schedules to verify the funded program that meets the requirement for DMH contracts.

If **YOU ARE NOT** a current DMH LE provider, please provide a copy of a contract(s) to verify the above experience.

3.10 Proposer **MUST NOT BE** on the Los Angeles County Debarment List (http://lacounty.info/doing_business/DebarmentList.htm) or on the Office of Inspector General (OIG) Health and Human Services (HHS) Debarment List (www.oig.hhs.gov/fraud/exclusions.asp).

- 3.11** Proposer **MUST IDENTIFY** by name, case, and court jurisdiction any pending litigation in which Proposer is involved or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer.
- 3.12** Proposer **MUST NOT CURRENTLY** have a Settlement Agreement or an extended repayment arrangement with DMH for repayment of funds. (DMH has placed a moratorium on expansion and/or implementation of any new programs for proposers with such Agreements/arrangements. Any exemption under the moratorium will require justification that this restriction will not negatively impact planned program services.).

Any proposal submitted that fails to meet the Minimum Mandatory Requirements shall be considered non-responsive and the proposal may be rejected at the County's sole discretion.

Check the appropriate box:

☐ Yes ☐ No

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer Name:

Address:

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

County WebVen Number

REQUIRED FORMS - EXHIBIT 2

PROPOSER REFERENCES

Proposer Name:_____

List three (3) References where the same or similar scope of services were provided in order to meet the Minimum Requirements stated in this solicitation.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

REQUIRED FORMS - EXHIBIT 3
PROPOSER LIST OF CONTRACTS

Page 1 of 1

Proposer Name:_____

List of all **public entities** for which the Proposer has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	

REQUIRED FORMS - EXHIBIT 4
PROPOSER LIST OF TERMINATED CONTRACTS

Proposer Name:_____

List of all contracts that have been terminated within the past three (3) years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Proposer Name

Proposer Official Title

Official's Signature

Cert. of No Conflict of Interest

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature:_____ Date:_____

REQUIRED FORMS - EXHIBIT 7
PROPOSER EEO CERTIFICATION

Page 1 of 1

Proposer Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

**ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@dpss.lacounty.gov.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____ YES (subject to verification by County) _____ NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____ YES _____ NO _____ N/A (Program not available)

Proposer Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No: _____ Fax No: _____

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Proposers, whether a prospective contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is exempt from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- ☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

 - ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.
- "Dominant in its field of operation"** means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.
- "Affiliate or subsidiary of a business dominant in its field of operation"** means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.
- ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- ☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS –EXHIBIT 10
PROGRAM BUDGET AND BUDGET NARRATIVE AND JUSTIFICATION
SB82 CRISIS RESIDENTIAL TREATMENT PROGRAM

Instructions for Section 7.8.1.13

Proposer must follow the instructions stated below. Failure to follow the instructions will result in no points awarded for Section 7.8.1.13. Proposer must provide the proposed program's budget on the sample budget form only, attached hereto as Exhibit 10 - Budget Form SB 82 Crisis Residential Treatment Program and a narrative explaining ***all*** of the proposed budget costs, including justification for those costs. No other budget forms or spreadsheets will be accepted. The budget must clearly reflect the Proposer's cost to implement a CRTP, as defined in the RFP, for two fiscal years, with funding as identified in this RFP and include the requested daily rate for services in accordance with DMH Policy 800.08, Provisional Rate Setting, (http://lacdmh.lacounty.gov/ContractorsPolicies/Documents/800/800_08.pdf) for additional information.

For the first year, the total budget shall not exceed \$2,467,202, which includes up to \$1,000,000 in CHFFA Funding and up to \$1,467,202 in mental health funding for the operation of the CRTP program. The second year of the proposed budget should also assume \$1,467,202 in mental health funding. Annual mental health funding includes: Mental Health Services Act (MHSA) uninsured clients - \$557,845, MHSA Medi-Cal clients - \$351,820, and Medicaid Expansion clients - \$557,537.

CHFFA Funding is available for reimbursement of start-up costs under any resultant agreement with the County. Proposer may be reimbursed for up to two (2) months of program start-up costs, consisting of lease payments, utilities, repairs or maintenance of facility, personnel costs, moving expenses, cleaning supplies or supplies for offices, kitchens and bathrooms. Supplies do not include food, beverages or medications. Although the Regulations allow for *up to* three (3) months of start-up costs, DMH has limited these costs to up to 2 months to maximize CHFFA Funding to support the renovation costs, furnishing and equipment, and information technology

Start-up costs will not be reimbursable for Proposers that elect to use the entire \$1,000,000 in CHFFA Funding for the acquisition of real property.

Start-up costs are not an allowable expense in the \$1,467,202 made available for operational funding, as stated in Section 2.3.6 of this RFP.

NOTE: THERE ARE NO ADDITIONAL CHFFA OR COUNTY FUNDING SOURCES AVAILABLE OTHER THAN THE FUNDING IDENTIFIED IN THIS RFP. BUDGET PROPOSALS THAT EXCEED THE \$2,467,202 AVAILABLE AND DO NOT CLEARLY EXPLAIN AND IDENTIFY THE FUNDING SOURCES THAT ACCOUNT FOR EXCEEDING THE AVAILABLE FUNDING, WILL RECEIVE NO POINTS IN SECTION 7.8.1.13 OF THE RFP. FURTHER, FOR EXISTING LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH CONTRACTORS, PROPOSING PROGRAM SHIFTS TO COVER PROGRAM COSTS THAT GO BEYOND \$2,467,202 OR PROPOSING THE USE OF COUNTY FUNDS

THAT ARE NOT IDENTIFIED IN THIS RFP WILL NOT BE ACCEPTED AND SECTION 7.8.1.13 WILL RECEIVE NO POINTS IF SUCH SHIFTS ARE PROPOSED.

CHFFA Funding cannot be used as Medi-Cal match. Proposer must clearly state its plans for the use of CHFFA Funding in the narrative and must identify funding sources that are not available through this RFP, if any are to be used.

The budget narrative and justification must provide the computations showing how each dollar amount that appears on the Budget Form was calculated and must describe how each line item category would be used to fulfill the program requirements. All amounts are to be rounded off to the nearest dollar.

Following are examples of allowable line item categories, how line item amounts are calculated and justifications for the line items. The examples show how formulas on the required budget narrative and justification should be presented. The Proposer is responsible for the accuracy of all information presented in the Budget Narrative and Justification.

A. PERSONNEL (SALARIES & EMPLOYEE BENEFITS)

The proposed total full-time equivalent (FTE) staffing patterns must yield, at a *minimum*, a 1 staff to 1.6 clients ratio.

1. Clinical Staff by License/Degree

This includes the salary and benefits (FICA, unemployment insurance, workers' compensation, and health insurance) of each required full time CRTP clinical staff and the salary and benefits and percentage of time of any other clinical staff that will provide treatment services or oversight of the CRTP program such as a program director.

EXAMPLE:

Salary: Case Manager @ \$4,000 mo. X 12 mos. = \$48,000

Employment Benefits: 25% X \$48,000 = \$12,000

Total Case Manager salary and benefits: \$48,000 + \$12,000 = \$60,000

2. Administrative and Program Support Staff

This includes the salary, benefits (FICA, unemployment insurance, workers' compensation, and health insurance) and percentage of time of each administrative and program support staff.

EXAMPLE (assumes the staff is employed full time):

Salary: Account Clerk @ \$2,000 mo. X 12 mos. = \$24,000

Employment Benefits: 25% X \$24,000 = \$6,000

Total Account Clerk salary and benefits: \$24,000 + \$6,000 = \$30,000

B. PROGRAM SERVICES AND SUPPLIES

1. CHFFA Start-up Expenses

Start-up expenses are limited to two (2) months of CHFFA Funding. Allowable expenses for start-up under CHFFA Funding include lease payments, utilities, repairs or maintenance of facilities, personnel costs, moving expenses, cleaning supplies or supplies for offices, kitchens and bathrooms. Supplies **do not** include food, beverages or medications.

2. Office/Program Supplies

Specify the cost of items such as printer ink, paper, pens, file folders, etc. needed to support the Program per month for 12 months. This category should only include costs that will be requested from operational funding. Any office or program supplies that will be requested under CHFFA Funding should be included in the CHFFA start-up category.

EXAMPLE:

Office Supplies @ \$100 month X 12 months = \$1200

3. Mileage

Specify the total annual proposed cost for all staff persons requiring mileage and the basis for computation. Mileage must be computed in accordance with the County's prevailing rate schedule. This category should only include costs that will be requested from operational funding.

EXAMPLE:

Rate (\$0.55) x Number of Miles = Total Mileage Cost

C. CAPITAL DEVELOPMENT EXPENSES

Capital development expenses for the development of a CRTP must be included in this section and costs for each item identified in the format below:

1. Acquisition of Property, Construction, Renovations (CHFFA Funding)

Provide detailed costs of any plans to acquire property, complete construction or renovations.

2. Furnishing and Equipment (CHFFA Funding)

Provide detailed costs of any furnishing and equipment needed for the CRTP.

3. Information Technology (not to exceed 1% of CHFFA Funding)

Provide detailed costs of information technology needs to be used for the CRTP.

D. INDIRECT ADMINISTRATIVE OVERHEAD

Specify the total indirect administrative overhead associated with the operation of a CRTP. This category cannot include CHFFA Funding and must be requested from the available operational funding. Identify the percentage and total amount of indirect administrative overhead.

E. REVENUE SOURCES

Identify all revenue sources and amount of funding from each source that will be used to fund the program. The “other” category in Section E of the budget form should be used to identify any funding in excess of the available \$2,467,202.

SAMPLE BUDGET FORM IS ATTACHED (EXCEL FILE)

CHARITABLE CONTRIBUTIONS CERTIFICATION

Proposer Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- ☐ Proposer has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

- ☐ Proposer is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Proposer Name:		
Proposer Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- ☐ It is exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

Date: _____

**PROPOSER ACKNOWLEDGEMENT OF THE INVESTMENT IN MENTAL HEALTH
WELLNESS GRANT PROGRAM REGULATIONS**

I, _____, hereby assure that, by submitting this proposal for a potential Contract with the Los Angeles County Department of Mental Health for the operation of a Crisis Residential Treatment Program, under the Investment in Mental Health Wellness Act Grant Program, acknowledge I have read and understand the current regulations and will accept any and all future amendments to the California Code of Regulations Title 4, Division 10, Chapter 5, Investment in Mental Health Wellness Grant Program Sections 7113-7129 (Regulations). I also understand that the Regulations may apply to me as set forth in any future agreements executed pursuant to this RFP. I also understand that failure to comply with any and all sections of the Regulations during the period of an executed contract(s) will result in termination of the contract(s). I confirm it is my and my designee's responsibility to maintain knowledge of any amendments to the regulations. I, _____, appoint _____ as my designee.

Name of Chief Executive (Print)

Signature

Title

Date

Name of Designee (Print)

Signature

Title

Date